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EUROPEAN THEATER OF OPERATIONS
UNITED STATES ARMY
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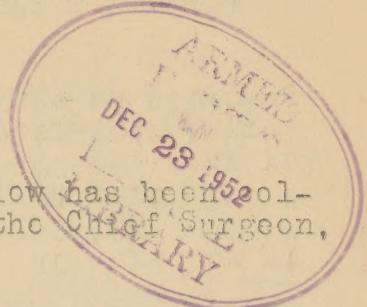
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Medical Intelligence Summary No. 15

14 July 1944



1. The Medical Intelligence material noted below has been collected and is available for study at the Office of the Chief Surgeon, APO 887.

a. Drug Requirements in the Netherlands: Ministry of Social Welfare, Netherlands Government, 31 May 1944. File No. 232-AA/G-1189-C.

The Netherlands Government has furnished a list of the most urgently needed medicines required by the pharmaceutical industry and which are no longer in stock either in the wholesale trade or in Government Donats. Principal shortages include aspirin, sodium bicarbonate, liquid paraffin, vaseline, insulin and cod liver oil. Some fifty drugs are listed, many of which do not appear to be of immediate importance.

b. Measures to Re-establish Control of Dangerous Drugs in Liberated and Occupied Countries: Permanent Central Opium Board, 23 May 1944. File No. 211-AA/G-1188-U.

The Board considers that there may be three stages during which provision must be made for control of drugs. First, during the period of military control; second, the period of re-establishment of National administration with allied supervision; and third, the initial period of full National control. The Board recommends that all stocks of drugs in civilian hands be placed immediately under control of a designated authority. No import of drugs should be allowed for civilian use except under license. Factories manufacturing drugs should be placed under the control of the authority as well as imports of raw materials from which drugs are made. Measures taken for the organization and control should lead to the restoration of the full control system established under the 1925 and 1931 Conventions.

c. Tuberculosis in France: Pariser Zeitung, 25 March 1944. File No. 240-P2/G-1027-U.

Dr. Grasset, the Health Minister, announced that in 1944 the incidence of tuberculosis had risen to 1700 per 100,000 inhabitants. He ascribes the 20 per cent increase since 1938 to war time undernourishment and psychological reasons, principally the Anglo-American "terror raids". (Note: This incidence in the general population would represent roughly 680,000 cases in France, which is considerably under the estimate which has been furnished by other French physicians. Considered more reliable is the figure of 2340 cases per 100,000 population furnished by the FCNL.)

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d. Medical Conditions and Morale in Belgium: M.I. 19 (R.P.S.) 2134, 25 April. File No. 234-W/G-1025-S.

This is a report prepared from the interrogation of a Belgian physician and deals extensively with health and medical conditions in Belgium. A few of the important points brought out are as follows:

- (1) The food ration in Belgium, after having a minimum of 1400 calories, is now at approximately 2000 calories.
- (2) The total amount of fat in the diet is definitely insufficient, the monthly intake rarely exceeding 200 grams. Weight loss is estimated at approximately one-fifth of the normal body weight.
- (3) The meat ration is inadequate, approximately 30 grams per day and nutritional edema from low plasma proteins is stated to be common.
- (4) Lack of vitamin D is the most serious vitamin deficiency.
- (5) Informant had encountered three cases of Botulism, of which one was fatal, due to eating of infected meat.
- (6) Scabies has increased considerably, requiring special treatment centers.
- (7) Syphilis is from six to ten times more prevalent than before the war. Gonorrhea has increased to a lesser degree but according to this physician 40 per cent of the cases are now resistant to sulfonamides.

e. Japan's Supply of Quinine: Medical Intelligence Division, Office of the Surgeon General, War Dept., 20 April 1944. File No. 431-AA/G-1034-S.

An economic intelligence survey states that the Dutch destroyed approximately five-sixths of the Quinine manufacturing plants in Java prior to the Japanese occupation. The Japanese have been unable to fully utilize the cinchona bark, which is available and have been forced to make atabrine the standard anti-malarial in the Japanese army.

f. Spray Formula for the Control of Lice and Scabies: Canadian Medical Intelligence Division, 10 March 1944. File No. Insecticides/S-1030-S.

A satisfactory formula for the control of lice and scabies is given as follows:

Benzyl benzoate	10 parts by wt
Ethyl p-aminobenzoate (benzocaine)	2 " " "
DDT	1 part " "
Ethyl alcohol	100 parts by vol.

No bathing is permitted for twenty-four hours to enhance residual action. No change of clothing thereafter for three days.

g. Diagnostic Skin Test for Malaria: Canadian Medical Intelligence Division, 10 March 1944. File No. 431-P2/G-1029-S.

The Japanese News Agency, DOMEI, reports a new diagnostic test for malaria. The technique is as follows:

A twenty-four hour culture of malaria organisms is produced by the Sampoi technique (1940). To this is added fifty volumes of carbol-saline. The result is

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stated to be the antigen, which is injected intradermally. Infected individuals show a negative reaction and a positive reaction indicates no infection. There is no constitutional reaction.

h. Gas Gangrene in the Eighth Army: War Office, 10 April 1944. File No. 211-SA2c/G-1094-R.

A study of gas gangrene in Sicily and Italy from July to December 1943 revealed that the bacteriology is similar to that recorded from the Western Europe battle fields in 1917 and 1918 and from Tunisia in 1943. Principal organisms encountered were Clostridium welchii, Cl. sporogenes, Cl. oedematis and Cl. septicum.

i. Service Regulations for the Chief Medical Officer of the Army (Heeresarzt) MIRS/GCOI/Lu/22/44, 16 May 1944. File No. 260-SA/G-1134-C.

The Service Regulations governing the Chief Medical Officer of the Army have been taken from German sources. The Chief Medical Officer is under the command of the Chief of the Army General Staff and subordinate in technical matters to the Army Medical Inspector. In his capacity as a specialist, he belongs to the Staff of the Quartermaster General and is subordinate to him. The CMO directs and supervises the Medical Services of the Field Army in accordance with military directions from the Quartermaster General and technical directions from the Army Medical Inspector. Additional duties and responsibilities are listed.

j. Reaction of Volunteers to Soap Containing 10 per cent Tetmosol: Medical Research Council, 22 May 1944. File No. Tetmosol/S-1145-R.

Soap which incorporates 10 per cent tetmosol (tetraethyl thiuram monosulphide) has been shown to be lethal to certain mites including Sarcoptes scabiei and it has been suggested that it may confer protection against infection with human scabies. Among volunteers who tried this soap, it was discovered that the majority suffered from mild skin irritation or dermatitis, although never severe. The effect of tetmosol on human scabies is not discussed.

k. Studies with Benzylaminosulphonamide ("Marfanil") Medical Research Council, 22 May 1944 File No. Marfanil/S-1148-C.

Comparative tests have been carried out on "Marfanil" and other sulfonamides. The activity of "Marfanil" is not reversed by p-aminobenzoic acid. It is not an effective bacteriostatic agent when used systemically. In experimental gas gangrene "Marfanil" is inferior to sulfathiazole, except in the case of Cl. oedematis. It is very effective in experimental gangrene when applied locally.

l. Hospitals in North France: Medical Intelligence Branch, Office of the Chief Surgeon, HQ ETOUSA, 12 June 1944 File No. 240-H/G-1192-S.

This is a detailed list of hospitals and related institutions in sixteen departments of North France, and the City of Paris. Included is a brief discussion of the present French Public Health organization. Copies of this document are available on request.

m. Hospitals in Germany; Provinces of Bavaria, Württemberg and Baden: Medical Intelligence Branch, Office of the Chief Surgeon, HQ ETOUSA, 6 July 1944. File No. 260-H/G-1270-S.

This is the first of a series of detailed tables of hospitals in Germany. Included is a glossary of German terms and abbreviations dealing with health and medical installations. Additional copies of this document are available on request.

2. The Medical Intelligence Division, Office of the Surgeon General, War Dept., has compiled medical and sanitary data on the following countries, published on the dates indicated:

a. Austria, 27 May 1944	Sweden, 1 April 1944
Portugal, 20 May 1944	Rumania, 31 May 1944
Switzerland, 17 April 1944	Albania, 11 May 1944

Copies of these medical and sanitary surveys are available on loan from Medical Intelligence Branch, OCS, HQ ETOUSA.

3. The following Bulletins have been issued by the National Research Council of the Office of Scientific Research and Development on the dates indicated and may be obtained on loan:

a. Bulletin of Ophthalmology, 4 January 1944
 Bulletin of Tropical Diseases, 28 January 1944
 Bulletin of Radiology, 10 February 1944
 Bulletin of Psychiatry, 24 February 1944
 Bulletin of Tuberculosis, 29 February 1944
 Bulletin of Neurosurgery, 28 March 1944
 Bulletin of Industrial Medicine, 3 April 1944

4. Documents of general interest received from the National Research Council are abstracted below. In addition to these a complete file of NRC Reports including those concerning Aviation Medicine, and the Treatment of Gas Casualties, are available.

a. Directions for Use and a Discussion of Insecticides and Repellents Investigated at the Orlando Laboratory for the Armed Forces: 7 March 1944. File No. Insecticidos/S-1042-R.

Most consideration has been given to the development of improvement of control measures for malaria, mosquitoes and the body louse. The methods suggested in this report are based on observations made during investigations made by the Armed Forces Laboratory. Insects studied include mosquitoes, flies, tick, lice, fleas, mosquito larvae and bedbugs. A complete discussion is given on the use of DDT.

b. General Recommendations Concerning Shock: 4 March 1944. File No. Shock/S-1036-U.

This is a report by the Subcommittee on Shock of the NRC and discusses in detail the prodromal signs of shock together with the prevention and treatment. Special emphasis is placed on traumatic shock.

c. Early Activity of Postoperative Patients: 15 April 1944. File No. Rehabilitation/S-1106-U.

This report was presented by the Committee on Convalescence and Rehabilitation of the NRC. It describes

